

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/23/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 08/31/2011	
NAME OF PROVIDER OR SUPPLIER KEYSTONE WOODS				STREET ADDRESS, CITY, STATE, ZIP CODE 2335 NORTH MADISON AVENUE ANDERSON, IN46011			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
R0000	<p>This visit was for the Post Survey Revisit (PSR) to the Investigation of complaint IN00093520 completed on July 15, 2011.</p> <p>Complaint IN00093520 - not corrected.</p> <p>Survey date: August 31, 2011</p> <p>Facility number: 010409 Provider number: 010409 AIM number: N/A</p> <p>Survey team: DeAnn Mankell, R.N.</p> <p>Census bed type: Residential: 55 Total: 55</p> <p>Census payor type: Other: 55 Total: 55</p> <p>Sample: 6</p> <p>These state residential findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review 9/07/11 by Suzanne Williams, RN</p>			R0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R0052	<p>(v) Residents have the right to be free from:</p> <p>(1) sexual abuse;</p> <p>(2) physical abuse;</p> <p>(3) mental abuse;</p> <p>(4) corporal punishment;</p> <p>(5) neglect; and</p> <p>(6) involuntary seclusion.</p> <p>Based on record review, observation and interview, the facility failed to ensure cognitively impaired residents, who were independently ambulatory, were free from neglect and were supervised in a manner that ensured they were safe from wandering and leaving the building without supervision. This practice affected 6 of 6 residents in a sample of 6 with a dementia diagnosis whose families had been asked to sign a "Negotiated Risk Agreement" which would not hold the facility responsible if the resident would leave the building and suffer injury including death (Residents A, B, C, D, E, and F).</p> <p>Findings included:</p> <p>1. During the entrance conference on 8/31/2011 at 10:15 A.M., the Administrator provided a list of wandering residents. There were notations on the this list of residents of " = 1st screening tool identified cognitive impairments. * = 2nd screening tool identifies as unable to follow task/step to use phone /call button. * = in process of</p>			R0052	<p>Submission of the plan of correction does not constitute an admission to or agreement by Keystone Woods Assisted Living Community with the alleged facts found on this survey. Submission of this plan of correction is a matter of regulatory compliance.</p> <p>R0052</p> <p>WHAT CORRECTIVE ACTION(S) WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:</p> <p>The policy for utilizing Negotiated Risk Agreements has been discontinued. The Negotiated Risk Agreements for the residents identified in this survey have been discontinued.</p> <p>HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN:</p> <p>The facility will no longer utilize Negotiated Risk Agreements.</p>		09/14/2011

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	<p>Negotiated Risk Agreements with their family & physician to determine if they will continue to reside in this setting." A total of 16 residents had been identified as having cognitive impairments with 6 residents identified as being unable to follow tasks and in the process of obtaining a signed "Negotiated Risk Agreement."</p> <p>The administrator provided copies of the "Negotiated Risk Agreement" for Residents A, B, C, D, E, and F on 8/31/2011 at 12:30 P.M.</p> <p>A. Resident A and Resident B's guardians were sent a letter on August 16, 2011 with a copy of Resident A's and Resident B's Negotiated Risk Agreement. There were two different forms titled Negotiated Risk Agreement. The letter stated "....The Negotiated Risk Agreement identifies the benefits and risks for Resident A and B to continue to live at Keystone Woods Assisted Living. Please review the Negotiated Risk Agreement at your earliest convenience and then contact me to set up an appointment to discuss the outcomes of the Negotiated Risk Agreement."</p> <p>Resident A's "Negotiated Risk Agreement" had the following information:</p>		<p>WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES THE FACILITY WILL MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR:</p> <p>The policy for utilizing Negotiated Risk Agreements has been removed. When a resident is assessed and we determine we are unable to meet their needs, the resident will be subject to the Notice of Discharge process as outlined in the State Regulations.</p> <p>HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR, I.E., WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE</p> <p>The Administrator will document in the Policy & Procedure Manual that we no longer utilize Negotiated Risk Agreements.</p> <p>Completion Date: September 14, 2011</p>		

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	<p>"I/We are aware that Resident A has a risk of cognitive impairments.</p> <p>I/We are also aware that Keystone Woods is an assisted living residence and is not a residence designed to prevent cognitive impairments and the resident may experience the consequences of elopement/wandering - unable to locate facility, locked outside without being able to summon for help, injury and death, weather related injury.</p> <p>As an assisted living residence where our goal is to allow each person the rights of dignity and autonomy, we will not force a person to make decisions that are contrary to what they want but may also not be in their best interest. We therefore enter into this agreement together. The staff at Keystone Woods agree to the following routine activities to lessen the risk: 1. Entrance Doors are locked at 10 pm with alarms activated from 10p (P.M.) -6a (A.M.) to alert staff if the doors are opened. 2. Surveillance Cameras on all 3 entrance doors. 3. 2-hour checks from 10p-6a on all 3 entrance doors. 4. 2-hour checks on resident for whereabouts confirmation. 5. call button response system 6. After hours phone located next to entrance door. 7. A sign posted on each door directing one to use after hours phone.</p> <p>I/We are aware that Resident A could experience the following consequence(s):</p>						

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	<p>injury including death.</p> <p>This is an acceptable risk I/we are willing to accept in order to experience a higher level of quality of life. I/we agree that the residence will not be held responsible for the consequences of my decision." This form was not signed.</p> <p>Resident B's Negotiated Risk Assessment had the same information except it had Resident B's name on it. Resident B's form was signed by the Administrator on 8/8/11 and the Director of Nurses on 8/30/11.</p> <p>Resident A's guardians were mailed an additional 3 page "Negotiated Risk Agreement" which indicated:</p> <p>"....1. (a) The Guardian acknowledges that he/she desires to allow the Resident to continue living in the Community and understands the Resident suffers from dementia, confusion, and had been assessed as an elopement risk. The Guardian understands this Resident desires to be independent and leave the Community for walks and sitting out of doors which can take him/her into dangerous highways and be put in harm's way.</p> <p>(b) The Guardian understands that recently the Resident spent most of the night out of their apartment because the Resident was unable to get back into the</p>						

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	<p>Community after the front doors were locked for the evening because of their lack of cognitive problem solving abilities, confusion and also possible unknown factors.</p> <p>(c) The Guardian desires to enter into this Negotiated Risk Agreement because they understand the Resident's continuing to live in the Community and forgetting how to get back into the Community as well as taking numerous walks with his/her spouse has both benefits and risks, including possible injuries and death even in spite of the fact the Resident suffers from cognitive deficits and is an elopement risk.</p> <p>(d) The Guardian, Resident and the Community discussed the following benefits and risks of continuing to live in the Community and the physician has provided an opinion as to continuing to live in the Community.</p> <p>Potential benefits....keeping their independence....</p> <p>Potential risks: Not having one-on-one supervision can cause the Resident to be locked out again, or not being supervised and the Resident could elope. Forgetting how to return to the Community or getting back into the Community. Getting lost....being victim to weather conditions.... missing medication regimes. Walking without adequate contact with appropriate caregivers and possibly being</p>				

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	<p>victim to strangers or an acute health problem or dangerous traffic.</p> <p>(e) The following alternatives were presented to the Resident by the Community.</p> <ul style="list-style-type: none"> - Have an attendant walk with him/her at an additional cost. - Having a cell phone that is able to be used.... - Immediately having a physical and mental evaluation... to determine whether walking out of the Community alone will cause the Resident to be at risk of loss of life or other injury.... - Moving out of the Community. - Getting additional memory care services. <p>(f) The Resident shall do the following to allow him or her to continue living in the Community.</p> <ol style="list-style-type: none"> 1. To continue living in the Community the Resident shall have a physical and mental examination to determine whether they can safely leave the Community for walks AND have the cognitive ability to use a cell phone.... 2. The Resident and his/her spouse shall each carry a cell phone when leaving the Community if the physician deems they can use it. 3. The Resident and his/her spouse will discontinue walking with each other WITHOUT an attendant with them if the physician finds that one of them cannot 						

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	<p>walk without an attendant....</p> <p>4. The Resident will move out of the Community if the psychiatrist or primary physician determines that the Resident cannot continue to live in the Community.</p> <p>(g) In addition, the Guardian on behalf of the Resident will have and accepts total responsibility for any resulting negative outcome, including death because of remaining in the Community and doing as stated in section (f) above. The Resident's family will be responsible to monitor and report to the Community any situation the Resident or spouse experiences when the Resident is with the family.... In addition, the family will attempt to accompany the Resident and his/her spouse whenever possible out of doors.</p> <p>2. RELEASE OF LIABILITY AND INDEMNIFICATION</p> <p>Guardian hereby agrees and instructs the spouse, legal representative, power of attorneys, estate, and heirs of the Resident to release, indemnify, and hold harmless the Community and its affiliates, directors, officers, employees, representatives, attorneys, and agents from any and all costs, expenses, damages, injuries, losses, fines, penalties, or other liabilities (collectively "Liabilities") arising out of or in connection with the subject matter of this</p>				

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	<p>Agreement. Guardian agrees that any renegotiation or termination of this Agreement shall not render the release and indemnify provided about ineffective as to any liability incurred by the Community now or in the future arising out of or in connection with the subject matter of this Agreement. Guardian desires that this release of liability and indemnification begin on the date signed below and continue until the end of time, holding her heirs to its terms as stated herein.</p> <p>3. RESIDENT, RESIDENT'S SPOUSE AND FAMILY, AND LEGAL REPRESENTATIVE ACKNOWLEDGES THAT EACH HAS READ OR HAD THE OPPORTUNITY TO READ THIS AGREEMENT. THOSE SIGNING BELOW ACKNOWLEDGE THAT HE/SHE/THEY VOLUNTARILY CONSENT TO ALL OF THE AGREEMENT TERMS AND HAD THE OPPORTUNITY TO DISCUSS THIS WITH THE RESIDENT'S PHYSICIAN AND LEGAL COUNSEL....</p> <p>This form was not signed, nor were there any names on the form.</p> <p>Resident A's clinical record was reviewed on 8/31/2011 at 11:35 A.M.</p> <p>Resident A's diagnoses included, but were</p>				

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	<p>not limited to, dementia and hypertension.</p> <p>Resident A's "Mental Status Questionnaire" completed on 8/2/11 indicated a score of "1.5 points." The scale for the questionnaire indicated 0-4 points indicated "severe brain dysfunction."</p> <p>Resident A's Care Plan indicated he would have "2 hours checks for cognitive (10p-6a)."</p> <p>Resident B's clinical record was reviewed on 8/31/2011 at 11:25 A.M.</p> <p>Resident B's diagnoses included, but were not limited to, dementia and osteoarthritis.</p> <p>Resident B's "Mental Status Questionnaire" completed on 8/2/11 indicated a score of "1.0 points." The scale for the questionnaire indicated 0-4 points indicated "severe brain dysfunction."</p> <p>Resident B's Care Plan indicated she would have "2 hours checks for cognitive (10p-6a)."</p> <p>Resident A and B's co-guardian was interviewed on 9/1/2011 at 11:01 A.M. The co-guardian indicated "I feel like I'm pushed into a decision I don't want to make." The facility "wants me to waive all of my rights. They don't want to be responsible." The co-guardian further</p>						

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	<p>indicated their lawyer had advised them not to sign either of the forms and they were not going to sign the form, and the co-guardians had talked and would not be signing the forms.</p> <p>The Administrator was interviewed on 8/31/2011 at 12:15 P.M. She indicated Resident A and Resident B had gotten the second negotiated risk agreement because the guardians had a lawyer involved and it was more individualized. She indicated this family and their lawyer had the forms mailed to them. Their doctor would need to evaluate them to determine if they were appropriate to remain in the facility.</p> <p>B. Resident C's clinical record was reviewed on 8/31/2011 at 11:10 A.M.</p> <p>Resident C's diagnoses included, but were not limited to, dementia, congestive heart failure, hypertension, and degenerative arthritis.</p> <p>Resident C's "Mental Status Questionnaire" completed on 8/3/11 indicated a score of "3.5 points." The scale for the questionnaire indicated 0-4 points indicated "severe brain dysfunction."</p> <p>Resident C's Care Plan indicated she would have "2 hours checks for cognitive (10p-6a)."</p>						

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	<p>Resident C's "Negotiated Risk Agreement" had the following information:</p> <p>"I/We are aware that Resident C has a risk of cognitive impairments.</p> <p>I/We are also aware that Keystone Woods is an assisted living residence and is not a residence designed to prevent cognitive impairments and the resident may experience the consequences of elopement/wandering - unable to locate facility, locked outside without being able to summon for help, injury and death, weather related injury.</p> <p>As an assisted living residence where our goal is to allow each person the rights of dignity and autonomy, we will not force a person to make decisions that are contrary to what they want but may also not be in their best interest. We therefore enter into this agreement together. The staff at Keystone Woods agree to the following routine activities to lessen the risk: 1. Entrance Doors are locked at 10 pm with alarms activated from 10p (P.M.) -6a (A.M.) to alert staff if the doors are opened. 2. Surveillance Cameras on all 3 entrance doors. 3. 2-hour checks from 10p-6a on all 3 entrance doors. 4. 2-hour checks on resident for whereabouts confirmation. 5. call button response system 6. After hours phone located next to entrance door. 7. A sign posted on each</p>						

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	<p>door directing one to use after hours phone.</p> <p>I/We are aware that Resident A could experience the following consequence(s): injury including death.</p> <p>This is an acceptable risk I/we are willing to accept in order to experience a higher level of quality of life. I/we agree that the residence will not be held responsible for the consequences of my decision." This form was signed by the Administrator and the Director of Nurses.</p> <p>During an interview with the Administrator on 8/31/2011 at 12:14 P.M., she indicated the family of Resident C had gotten the agreement the week before last and they were talking about the agreement with their doctors and will get back to us. She said. "No one has signed it yet."</p> <p>C. Resident D's clinical record was reviewed on 8/31/2011 at 12:05 P.M. Resident D's diagnoses included, but were not limited to, dementia, hypertension, and angina.</p> <p>Resident D's "Mental Status Questionnaire" completed on 8/3/11 indicated a score of "1.0 points." The scale for the questionnaire indicated 0-4 points indicated "severe brain dysfunction."</p>				

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	<p>Resident D's Care Plan indicated she would have "2 hours checks for toileting/cognitive needs (10p-6a)."</p> <p>Resident D's "Negotiated Risk Agreement" had the following information: "I/We are aware that Resident D has a risk of cognitive impairments. I/We are also aware that Keystone Woods is an assisted living residence and is not a residence designed to prevent cognitive impairments and the resident may experience the consequences of elopement/wandering - unable to locate facility, locked outside without being able to summon for help, injury and death, weather related injury. As an assisted living residence where our goal is to allow each person the rights of dignity and autonomy, we will not force a person to make decisions that are contrary to what they want but may also not be in their best interest. We therefore enter into this agreement together. The staff at Keystone Woods agree to the following routine activities to lessen the risk: 1. Entrance Doors are locked at 10 pm with alarms activated from 10p (P.M.) - 6a (A.M.) to alert staff if the doors are opened. 2. Surveillance Cameras on all 3 entrance doors. 3. 2-hour checks from 10p-6a on all 3 entrance doors. 4. 2-hour checks on resident for whereabouts</p>						

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>confirmation. 5. call button response system 6. After hours phone located next to entrance door. 7. A sign posted on each door directing one to use after hours phone.</p> <p>I/We are aware that Resident A could experience the following consequence(s): injury including death.</p> <p>This is an acceptable risk I/we are willing to accept in order to experience a higher level of quality of life. I/we agree that the residence will not be held responsible for the consequences of my decision." This form was signed by the Administrator and the Director of Nurses.</p> <p>During an interview with the Administrator on 8/31/2011 at 12:14 P.M., she indicated the family of Resident D had gotten the agreement the week before last and they were talking about the agreement with their doctors and will get back to us. She said. "No one has signed it yet."</p> <p>D. Resident E's clinical record was reviewed on 8/31/2011 at 12:10 P.M.</p> <p>Resident E's diagnoses included, but were not limited to, dementia, hypertension, atrial fibrillation, and history of stroke.</p> <p>Resident E's "Mental Status Questionnaire" completed on 8/2/11</p>						

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	<p>indicated a score of "1.0 points." The scale for the questionnaire indicated 0-4 points indicated "severe brain dysfunction."</p> <p>Resident E's Care Plan indicated he would have "... family requests 2 hours checks throughout day/night to ensure resident's needs are met."</p> <p>Resident E's "Negotiated Risk Agreement" had the following information: "I/We are aware that Resident E has a risk of cognitive impairments. I/We are also aware that Keystone Woods is an assisted living residence and is not a residence designed to prevent cognitive impairments and the resident may experience the consequences of elopement/wandering - unable to locate facility, locked outside without being able to summon for help, injury and death, weather related injury. As an assisted living residence where our goal is to allow each person the rights of dignity and autonomy, we will not force a person to make decisions that are contrary to what they want but may also not be in their best interest. We therefore enter into this agreement together. The staff at Keystone Woods agree to the following routine activities to lessen the risk: 1. Entrance Doors are locked at 10 pm with alarms activated from 10p (P.M.) - 6a</p>						

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	<p>(A.M.) to alert staff if the doors are opened. 2. Surveillance Cameras on all 3 entrance doors. 3. 2-hour checks from 10p-6a on all 3 entrance doors. 4. 2-hour checks on resident for whereabouts confirmation. 5. call button response system 6. After hours phone located next to entrance door. 7. A sign posted on each door directing one to use after hours phone.</p> <p>I/We are aware that Resident A could experience the following consequence(s): injury including death.</p> <p>This is an acceptable risk I/we are willing to accept in order to experience a higher level of quality of life. I/we agree that the residence will not be held responsible for the consequences of my decision." This form was signed by the Administrator and the Director of Nurses.</p> <p>During an interview with the Administrator on 8/31/2011 at 12:14 P.M., she indicated the family of Resident E had gotten the agreement the week before last and they were talking about the agreement with their doctors and will get back to us. She said. "No one has signed it yet."</p> <p>E. Resident F was observed walking down the hallway. She said, "I'm trying to make my way home." When asked her name, she did not answer. When asked</p>						

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	<p>where her room was, she said, "I think this is my room." She couldn't open the door. CNA #1 was walking down the other hallway and came around the corner and said "Hi, (name of Resident F)." Resident F said "I can't find my room." CNA #1 said "This is your room" and unlocked the room for the resident to enter the room.</p> <p>Resident F's clinical record was reviewed on 8/31/2011 at 12:15 P.M.</p> <p>Resident F's diagnoses included, but were not limited to, dementia, hypertension, macular degeneration, and asthma.</p> <p>Resident F's "Mental Status Questionnaire" completed on 8/3/11 indicated a score of "4.0 points." The scale for the questionnaire indicated 0-4 points indicated "severe brain dysfunction."</p> <p>Resident F's Care Plan indicated lacked a notation of "2 hours checks for cognitive needs (10p-6a)."</p> <p>Resident F's "Negotiated Risk Agreement" had the following information: "I/We are aware that Resident F has a risk of cognitive impairments. I/We are also aware that Keystone Woods is an assisted living residence and is not a residence designed to prevent cognitive</p>				

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	<p>impairments and the resident may experience the consequences of elopement/wandering - unable to locate facility, locked outside without being able to summon for help, injury and death, weather related injury.</p> <p>As an assisted living residence where our goal is to allow each person the rights of dignity and autonomy, we will not force a person to make decisions that are contrary to what they want but may also not be in their best interest. We therefore enter into this agreement together. The staff at Keystone Woods agree to the following routine activities to lessen the risk: 1. Entrance Doors are locked at 10 pm with alarms activated from 10p (P.M.) - 6a (A.M.) to alert staff if the doors are opened. 2. Surveillance Cameras on all 3 entrance doors. 3. 2-hour checks from 10p-6a on all 3 entrance doors. 4. 2-hour checks on resident for whereabouts confirmation. 5. call button response system 6. After hours phone located next to entrance door. 7. A sign posted on each door directing one to use after hours phone.</p> <p>I/We are aware that Resident A could experience the following consequence(s): injury including death.</p> <p>This is an acceptable risk I/we are willing to accept in order to experience a higher level of quality of life. I/we agree that the residence will not be held responsible for</p>				

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	<p>the consequences of my decision." This form was signed by the Administrator and the Director of Nurses.</p> <p>During an interview with the Administrator on 8/31/2011 at 12:14 P.M., she indicated the families had gotten the agreement the week before last and they were talking about the agreement with their doctors and will get back to us. She said. "No one has signed it yet."</p> <p>This deficiency was cited on July 15, 2011. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>						